

SERFF Tracking #: HARL-132228263

State Tracking #:

Company Tracking #: GBD_GCF_DC_FORM_CI_PA-10222 (2019)

State: District of Columbia

Filing Company: Hartford Life and Accident Insurance Company

TOI/Sub-TOI: H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness

Product Name: GCF_DC_Form_CI_PA-10222 (2019)

Project Name/Number: 2019 Group Critical Illness Insurance Enhancements/13288

Filing at a Glance

Company: Hartford Life and Accident Insurance Company

Product Name: GCF_DC_Form_CI_PA-10222 (2019)

State: District of Columbia

TOI: H07G Group Health - Specified Disease - Limited Benefit

Sub-TOI: H07G.001 Critical Illness

Filing Type: Form

Date Submitted: 02/13/2020

SERFF Tr Num: HARL-132228263

SERFF Status: Submitted to State

State Tr Num:

State Status:

Co Tr Num: GBD_GCF_DC_FORM_CI_PA-10222 (2019)

Implementation: On Approval

Date Requested:

Author(s): Harold Ekart, Yolanda Topps, Renee Torrito, Christine Dunlop, Audrey Kusnitz, Catherine Pollack, Kimberly Pavlik, Marilyn Odell, Sarah Johnson, Amanda DiMauro, Claire Miller, Kelly Miller, Deni Wiatr, Kristen Sivillo, Megan Nelson, Lois McGuire, Karen Skinner, Matthew Montminy, Stacie Walker, Megan Bowser, DeAnn Stead, Sherri Enxuto

Reviewer(s):

Disposition Date:

Disposition Status:

Implementation Date:

State: District of Columbia **Filing Company:** Hartford Life and Accident Insurance Company
TOI/Sub-TOI: H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness
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General Information

Project Name: 2019 Group Critical Illness Insurance Enhancements

Status of Filing in Domicile: Authorized

Project Number: 13288

Date Approved in Domicile: 11/06/2019

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Group Market Type: Employer, Trust, Other

Explanation for Other Group Market Type: Labor Union

Overall Rate Impact:

Filing Status Changed: 02/13/2020

State Status Changed:

Deemer Date:

Created By: Marilyn Odell

Submitted By: Megan Nelson

Corresponding Filing Tracking Number: HARL-132228337

Filing Description:

Hartford Life and Accident Insurance Company

NAIC #: 70815 - FEIN #: 06-0838648

RE: New Submission - Group Critical Illness Insurance
 Form PA-10222 (2019) (DC) - Amendatory Rider

Dear Sir or Madam:

We are submitting the enclosed form for review and approval on a general use basis. In an effort to remain competitive in the current marketplace, we have added the flexibility needed to update our product design. A separate rate filing has been simultaneously submitted to your Department under SERFF Tracking Number HARL-132228337.

The form includes new provisions, which are optional benefits intended to be used in conjunction with the Group Critical Illness Insurance Certificate, Form GBD-2700 (DC), et. al., approved by your Department on September 16, 2014, under SERFF Tracking Number FRCS-129543118.

The form is intended for use with eligible small and large group policyholders, as allowed by the laws and regulations of your state, with the exception of associations. The form is new and does not replace any other form previously approved by your Department. This filing was approved in the domicile state on November 6, 2019. Our domiciliary state of Connecticut also granted approval for out-of-state filings on June 3, 2019.

The form is intended to comply with all applicable laws, rules, bulletins and published guidelines of your state. To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your jurisdiction.

The above referenced form includes brackets around the items that may vary. The bracketed items shown are the hypothetical values for the representative sample provided. The use of variability in the enclosed form will be administered in a uniform manner.

Language within brackets may or may not be included or we may make additions to, deletions from, or otherwise change the language within the brackets as defined and allowed by the laws and regulations of your state.

Commonly accepted rules of grammar, punctuation and formatting will be applied to the form. Numbers may be expressed in

State: District of Columbia
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alpha or numeric format. Words that are defined terms will be capitalized throughout the form where appropriate. If a definition is not used, the corresponding words will not be capitalized. When specific provisions are mentioned, they will be capitalized. Whenever there is a term that may be either singular or plural based on a chosen option, such as "1 week" or "2 weeks", the "s" may appear as "(s)". For example: "1 week(s)". Lists will be renumbered/relettered and moved to the appropriate location within the list. When text within the bracketed areas is deleted, spacing will be appropriately adjusted.

If you have any questions or comments, please call me at (860) 547-2790. If it would be more convenient to email your comments, my email address is Megan.Nelson@thehartford.com.

Thank you in advance for your consideration. We look forward to your approval in the near future.

Sincerely,

Megan Nelson
Sr Spec Product Delivery
Group Benefits Product Delivery

Company and Contact

Filing Contact Information

Kristen Sivillo, Specialist Product Delivery Kristen.Sivillo@thehartford.com
One Hartford Plaza 860-547-3438 [Phone]
T-21-1
Hartford, CT 06155

Filing Company Information

Hartford Life and Accident Insurance Company	CoCode: 70815	State of Domicile: Connecticut
One Hartford Plaza	Group Code: 91	Company Type: Life
Hartford, CT 06155	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-0838648	

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State:	District of Columbia	Filing Company:	Hartford Life and Accident Insurance Company
TOI/Sub-TOI:	H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness		
Product Name:	GCF_DC_Form_CI_PA-10222 (2019)		
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Form Schedule

Lead Form Number: Form PA-10222 (2019) (DC)								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Amendatory Rider	Form PA-10222 (2019) (DC)	CERA	Initial		40.000	DC_CI_EM_PA-10222 (2019)_Amendatory Rider.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NAP	Network Access Plan
NOC	Notice of Coverage	OTH	Other
OUT	Outline of Coverage	PJK	Policy Jacket
POL	Policy/Contract/Fraternal Certificate	POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider
PRC	Provider Contract/Provider Addendum/Provider Leading Agreement	PRD	Provider Directory



HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY
One Hartford Plaza
Hartford, Connecticut 06155
(A stock insurance company)

Limited Benefit, Please Read Carefully.

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries.

This rider forms a part of a Certificate given in connection with the Policy.

This rider becomes effective on [MM-DD-YYYY].

With respect to [All Full-time Active [Employees]], Your Certificate is amended as follows:

1. [The following **Non-Melanoma Skin Cancer** benefit shall be included under **Cancer Benefits** in the **Benefit Schedule** section of Your Certificate:

Non-Melanoma Skin Cancer [[250] once per [lifetime] for each Covered Person[25%]]

2. [The following **Other Dread Diseases** benefit shall be included under **Other Specified Critical Illness Benefits** in the **Benefit Schedule** section of Your Certificate:

Other Dread Diseases [25%]

3. [The following **Advanced Alzheimer's Disease** benefit shall be included under **Neurological Benefits** in the **Benefit Schedule** section of Your Certificate:

Advanced Alzheimer's Disease [25%]

4. [The following **Other Dread Diseases** benefit shall be included under **Recurrence Benefit** in the **Benefit Schedule** section of Your Certificate:

Other Dread Diseases [25%]

5. [The following **Advanced Alzheimer's Disease** definition shall be included in the **Definitions** section of Your Certificate:]

Advanced Alzheimer's Disease means a condition Diagnosed as Alzheimer's disease that has progressed to a classification of Stage 6 or greater of the Functional Assessment Staging Test (FAST). Diagnosis must be made by a Physician who is a board-certified neurologist, and must be supported by neurological examination and cognitive testing for the involved condition/illness. There must be permanent clinical loss of the ability to do all of the following:

- 1) remember, reason, and perceive; and
- 2) understand, express and give effect to ideas.

Other types of dementia are not included in this definition. The initial Diagnosis of Alzheimer's disease must occur while the Covered Person is insured under the Policy.

6. [The following **Confined, Confinement** definition shall be included in the **Definitions** section of Your Certificate:]

Confined, Confinement means the assignment to a bed in a medical facility for a period of at least 20 consecutive hours.

7. [The following **Confined Elsewhere** definition shall be included in the **Definitions** section of Your Certificate:]

Confined Elsewhere means [an [Employee] or] a [Dependent] is unable to perform, unaided, the normal functions of daily living, or leave his/her home or other place of residence without assistance.

8. [The definition of **Coronary Artery Bypass Graft** shown in the **Definitions** section of Your Certificate is amended to read as follows:]

Coronary Artery Bypass Graft means a Diagnosis of the need for surgery requiring median sternotomy (surgery to divide the breastbone) to correct narrowing or blockage of one or more coronary arteries with bypass grafts. Angiographic evidence to support the necessity of the surgery is required. Diagnosis must be made by a board-certified or board-eligible cardiologist. Balloon angioplasty, laser embolectomy, atherectomy, stent placement or other non-surgical procedures are not included in this definition.

9. [The definition of **Critical Illness** shown in the **Definitions** section of Your Certificate is amended to read as follows:]

Critical Illness means any of the conditions shown in the Benefit Schedule for which a Covered Person is Diagnosed after the effective date of coverage under the Policy for the Covered Person. This definition does not include the recurrence of an Invasive Cancer or Non-Invasive Cancer that was Diagnosed before the effective date of insurance for a Covered Person unless, after the previous Diagnosis and before the date of the subsequent Diagnosis, We receive medical evidence that the Covered Person is considered to be in complete remission with no evidence of disease (NED) for the previous Diagnosis.

10. The definition of **Diagnosis** shown in the **Definitions** section of Your Certificate is amended to read as follows:

Diagnosed, Diagnosis means the definitive establishment of a Critical Illness through the use of clinical or pathological findings. We will accept a clinical Diagnosis only if a pathological Diagnosis cannot be made. The Diagnosis must be made by a Physician who is a board certified specialist where required in the Policy.

The date of Diagnosis under the Policy for a pathological Diagnosis is the date the tissue specimen, blood samples, titers, cultures or preparations are taken on which the eventual Diagnosis is based.

11. [The following **Non-Melanoma Skin Cancer** definition shall be included in the **Definitions** section of Your Certificate:]

Non-Melanoma Skin Cancer means basal cell carcinoma and squamous cell carcinoma. Actinic keratosis is not included in this definition.

12. [The following **Other Dread Diseases** definition shall be included in the **Definitions** section of Your Certificate:]

Other Dread Diseases means the Diagnosis of any of the following diseases:

- 1) [Addison's disease (primary adrenal insufficiency/hypocortisolism);
- 2) bacterial cerebrospinal meningitis;
- 3) diphtheria;
- 4) encephalitis;
- 5) Huntington's chorea;
- 6) Legionnaire's disease;
- 7) malaria;
- 8) myasthenia gravis;
- 9) necrotizing fasciitis;
- 10) osteomyelitis;
- 11) poliomyelitis;
- 12) rabies;
- 13) sickle cell anemia (excluding sickle cell trait);
- 14) systemic lupus erythematosus (SLE);
- 15) systemic sclerosis (scleroderma);
- 16) tetanus; and
- 17) tuberculosis.

13. [The following **Deferred Coverage Effective Date** provision shall be included in the **Eligibility and Effective Dates** section of Your Certificate:

Deferred Coverage Effective Date:

[All coverage effective dates[, Changes in Coverage effective dates and Reinstatement of Coverage effective dates] for an [Employee] [and any Dependent(s)] will be deferred if an [Employee] is not Actively at Work on the day coverage would otherwise begin. If deferred, coverage will become effective on [the first day of the month [on or next] following] the day after the date the [Employee] has completed one full day of active work.]

[All coverage effective dates[, Changes in Coverage effective dates, New Dependent Coverage effective dates and Reinstatement of Coverage effective dates] for [a Dependent] will [also] be deferred if on the date the [Dependent] is to become covered, he or she is [Confined or Confined Elsewhere]. Such coverage will not start until [the first day of the month [on or next] following] the day after the [Dependent]:

- 1) is no longer [Confined or Confined Elsewhere]; and
- 2) has engaged in all of the normal and customary activities of a person of like age, gender and good health for at least [15] consecutive days.]

[In no event will Dependent insurance become effective before an [Employee] becomes insured.]

[This provision does not apply to:]

- 1) [Employees] who are currently eligible for coverage under the Continuity from a Prior Policy provision;
- 2) any Dependent who was eligible and insured under the Prior Policy on the day before the Policy Effective Date[, except when coverage is being reinstated];
- 3) any newborn Dependent Child, regardless of Confinement; or
- 4) any disabled child who qualifies under the definition of Dependent Child(ren)].]

14. [The **Changes in Coverage** provision shown in the **Eligibility and Effective Dates** section of Your Certificate is amended to read as follows:

Changes in Coverage:

An [Employee] may[:

- 1) elect, increase, decrease, drop or otherwise change coverage during an Annual Enrollment Period [or any additional enrollment event]; or
- 2) [elect,]increase, decrease, drop or otherwise change coverage within [31] days of a Change in Family Status].

Any change in coverage requested by an [Employee] will become effective on[:

- 1) [the [Policy] anniversary [on or next] following] the last day of an Annual Enrollment Period, if the change is

requested during such period;

- 2) [the first day of the month [on or next] following] the last day of an additional enrollment event, if the change is requested during such event; or
- 3) [the first day of the month [on or next] following] the date on which the change is requested following a Change in Family Status];

subject to the [Deferred Coverage Effective Date provision].

[Any increase in coverage or the addition of coverage for an [Employee] [or Dependent] is [also] subject to the Pre-existing Condition Limitation.]

[An initial period of coverage for a new Dependent may be available under the New Dependent Coverage provision.]

Any change in coverage requested by the [Policyholder] or as a result of a change in the terms of the Policy will become effective on [the first day of the month [on or next] following] the date of the request or change.]

15. [The **Newborn and Newly Adopted Child Coverage** provision shown in the **Eligibility and Effective Dates** section of Your Certificate is removed in its entirety and replaced with the following:

New Dependent Coverage:

If You[:

- 1) marry [or enter a partnership with an individual who satisfies the definition of Spouse]; or]
- 2) acquire a child who satisfies the definition of Dependent Child(ren);

while covered under the Policy, the new Dependent will be automatically covered under the Policy for [31] days from the date of [marriage, partnership or] acquisition[, subject to:

- 1) the Deferred Coverage Effective Date provision; and
- 2) the Pre-existing Condition Limitation].

If Dependent coverage requires an election under the Policy, You must enroll the Dependent for coverage subject to the Changes in Coverage provision in order for the Dependent to remain insured beyond the initial [31] day period.]

16. [The following **Reinstatement of Coverage** section shall be included in Your Certificate, immediately following the **Termination of Insurance** section:]

REINSTATEMENT OF COVERAGE

Reinstatement of Coverage:

Coverage for an Employee and any previously insured Dependent(s) under the Policy may be reinstated after it ends if:

- 1) the Employee returns to an Eligible Class for Coverage within [12 months] from the date coverage ended; and
- 2) reinstatement is requested within [31 days] from his/her return to an Eligible Class for Coverage, if coverage requires an election under the Policy;
- 3) except for coverage that ended due to non-payment of premium or voluntary termination of coverage by an Employee.

We will credit any time the Employee and any Dependent(s) were previously insured under the Policy toward the satisfaction of the:

- 1) Waiting Period; and
- 2) Pre-existing Condition Limitation period.

Reinstated coverage will become effective on the first day of the month on or next following the date on which the Employee returns to an Eligible Class for Coverage, subject to the Deferred Coverage Effective Date or Deferred Coverage Effective Date for Dependents provisions.

Any increase in coverage or the addition of coverage at the time of reinstatement for an Employee or Dependent is subject to the Pre-existing Condition Limitation. Reinstated coverage is subject to all other terms and provisions of the Policy.

If coverage ended due to non-payment of premium or voluntary termination of coverage by an Employee, reinstatement is not available. The Employee may not re-enroll until the next Annual Enrollment Period [or additional enrollment event occurs. The Employee is not eligible to re-enroll for one full year (12 months) from the date that coverage ended. After the year (12 months) has passed, the Employee may not re-enroll until the next Annual Enrollment Period or additional enrollment event] occurs.

Reinstatement is also not available for coverage that an Employee or any Dependent(s):

- 1) continued under the Portability provision; or
- 2) continued under the Extended Continuation provision;

unless such coverage is cancelled or surrendered.

17. [The **Critical Illness Benefit** provision shown in the **Critical Illness Benefits** section of Your Certificate is amended to read as follows:

Critical Illness Benefit:

If a Covered Person is Diagnosed with a Critical Illness while covered under the Policy, We will pay a Critical Illness Benefit. The Critical Illness Benefit is equal to the Coverage Amount multiplied by the Percentage of Coverage Amount for the Critical Illness, as shown in the Benefit Schedule for each Covered Person.

Subject to the Coverage Maximums shown in the Benefit Schedule, each benefit shown in the Benefit Schedule will be paid once for each Covered Person, unless a Recurrence Benefit is available. [After the Diagnosis of a Critical Illness for which benefits are paid under the Policy, We will pay benefits for the Diagnosis of each subsequent, different Critical Illness under the Policy subject to the following:

- 1) the date of Diagnosis for the new Critical Illness is separated from the date of Diagnosis for the prior, different Critical Illness by at least [6 months]; and
- 2) the new Critical Illness is not caused or affected by a Critical Illness for which benefits have previously been paid under the Policy.

The [6 month] separation period noted above applies to the Diagnosis of any Critical Illness with a Percentage of Coverage Amount of 100%. Following the Diagnosis of any Critical Illness with a Percentage of Coverage Amount of 25% or 50%, there is no period of time to be satisfied before Diagnosis of any other Critical Illness.]]

18. [The **Pre-existing Condition Limitation** provision shown in the **Limitations and Exclusions** section of Your Certificate will no longer apply, and is removed in its entirety.]
19. The **Payment of Claims** provision shown in the **Claim Provisions** section of Your Certificate is amended to read as follows:

Payment of Claims:

All benefits are payable to You. Any benefits unpaid at the time of Your death will be paid to:

- 1) Your designated beneficiary(ies); or if none, then to
- 2) Your estate.

[Where required by law, benefits paid on behalf of a Covered Person under this Certificate shall be paid to the applicable human services department when:

- 1) the human services department has paid or is paying benefits on behalf of the Covered Person under a state's Medicaid program pursuant to Title XIX of the federal Social Security Act, 42 U.S.C. 1396, et seq.; or
- 2) payment for the services in question has been made by the human services department to a Medicaid provider; and
- 3) We are notified that the Covered Person receives benefits under the Medicaid program.]

20. The following **Beneficiary Designation** and **Change of Beneficiary** provisions shall be included in the **Claim Provisions** section of Your Certificate following the **Payment of Claims** provision:

Beneficiary Designation:

In the event of Your death, You should designate one or more beneficiaries to receive any benefits under the Policy that are unpaid at the time of Your death. Beneficiary records will be kept by the [Policyholder], plan administrator or the office/system where beneficiary records for the Policy are kept. [The most current beneficiary designation in effect under a Prior Policy will be accepted as a beneficiary designation under the Policy until changed (if applicable).]

[Certain states are community property states. If You live in a community property state and designate someone other than Your Spouse as a beneficiary, state law may require that Your Spouse consent to such designation. If spousal consent to the designation is not obtained, then such designation may not be effective. Community property states as of the Policy Effective Date include: [Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin].]

Change of Beneficiary:

The beneficiary may be changed at any time by You or Your assignee (if You assigned this insurance). To make a change, a request should be provided to the [Policyholder], plan administrator or to the office/system where beneficiary records for the Policy are kept. If it is not known where the records are kept, then the request may be provided to Us. When received by the [Policyholder], plan administrator, office/system where beneficiary records for the Policy are kept or Us, the change will take effect as of the date the request is signed. The change will not apply to any payments or other action taken by Us before the request was received.

The right to change of beneficiary is reserved to You, and the consent of the beneficiary or beneficiaries shall not be requisite to any change in beneficiary, unless the current beneficiary designation is irrevocable.

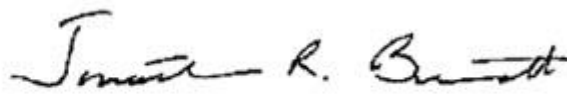
In all other respects the Certificate remains the same.

Signed for Hartford Life and Accident Insurance Company

[



Lisa Levin, Secretary



Jonathan Bennett, President

]]

SERFF Tracking #:	HARL-132228263	State Tracking #:		Company Tracking #:	GBD_GCF_DC_FORM_CI_PA-10222 (2019)
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State:	District of Columbia	Filing Company:	Hartford Life and Accident Insurance Company
TOI/Sub-TOI:	H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness		
Product Name:	GCF_DC_Form_CI_PA-10222 (2019)		
Project Name/Number:	2019 Group Critical Illness Insurance Enhancements/13288		

Supporting Document Schedules

Satisfied - Item:	Readability Certification
Comments:	
Attachment(s):	DC_CI_EM_PA-10222 (2019)_READ CERT.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Statement of Varability
Comments:	
Attachment(s):	DC_CI_EM_PA-10222 (2019)_SOVL_Amendatory Rider.pdf
Item Status:	
Status Date:	

CERTIFICATION OF READABILITY


HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

Certification of Readability for DC

GCF_DC_Form_CI_PA-10222 (2019)

Form Number and Flesch Score: Form PA-10222 (2019) (DC) = 40.0

We hereby certify that the above form(s) meet(s) the minimum Flesch Reading Ease Base Score.

DocuSigned by:

B00B9B338538409...

2/13/2020

Name: Matthew Montminy

Date

Title: Vice President

Hartford Life and Accident Insurance Company

Statement of Variable Language Form PA-10222 (2019) (DC) June 1, 2019 GENERAL INFORMATION

Identification and Form Numbers

When the rider is produced, the form number will appear on the lower left corner of the first page of the rider. An internal identification number will appear on the lower right corner of the first page of the rider.

Formatting of Rider When Issued

The rider will be issued in 8.5" x 11" or 5.5" x 8.5" format. We reserve the right to adjust margins, spaces, indentation and alignment. When issuing our rider, we will use a font size of no less than 10 point. Arial is the font style of type that will be used. However, we reserve the right to use a different font style of at least 10 point. Commonly accepted rules of grammar, punctuation and formatting will be applied to the rider. A page number may appear on the bottom of each page, and follow sequential order. Words that are defined terms in the Certificate that the rider becomes part of will be capitalized throughout the document where appropriate. If a definition is not used, the corresponding words will not be capitalized. When specific provisions of the Certificate that the rider becomes part of are mentioned, they will be capitalized. Whenever there is a term that may be either singular or plural based on a chosen option, such as "1 week" or "2 weeks", the "s" may appear as "(s)". For example: "1 week(s)".

Variables

Areas of text that are variable are individually bracketed and labeled to correlate to the Statement of Variable Language. When the rider is issued, the brackets will not be included and the space that they occupy will be closed. When text within the bracketed areas is deleted, spacing will be appropriately adjusted. When variable text from a page or pages is not included in the rider, which would cause a blank page or blank pages to print, the blank page(s) will be removed from the rider.

Itemized List Reformat

If items are deleted or new items are added, the list will be renumbered/relettered and any conjunctions (such as "and" or "or") will either be removed entirely or moved to the appropriate location within the list. If only one item in the list remains, the numbers/letters and preceding punctuation may be removed entirely and the sentence will appear in continuous format. Terms such as "greater of", "lesser of", "earlier of" and "earliest of" may be removed if only one item in the list remains.

Word Tenses

Noun and verb tenses may be revised for grammatical purposes only (Example: "He/She is" may be revised to "You are"). Numbers may be expressed in alpha or numeric format.

Multiple Classes or Multiple Plan Options

The corresponding Certificate may be issued with multiple classes or multiple plan options. In this situation, the rider may reflect more than one version of a provision, benefit, definition or exclusion; or may indicate that all versions will appear on separate riders. The versions will be in accordance with the approved variability within the Statement of Variable Language. When more than one version of the same provision, benefit, definition or exclusion appears within the rider, or if only one version appears, a differentiator will be included with each version such as "With respect to Class 1..." or "not applicable to Retirees".

Employer/Employee

References to Employer, Participating Employer or Policyholder may be changed to "Policyholder", "Employer", "Contractholder", "Organization", "Union", "Entity", "Participating Employer", "Participant Employer", "Participating Entity", "Trustee", "Participating Firm", "Participating Organization", or "Participating Firm".

Employee may be changed to read "member" or another title appropriate to primary insured.

AMENDATORY RIDER	
Item	Description of Variability
Amendatory Rider	<ul style="list-style-type: none">Rider may be deleted in its entirety if not included in the Policyholder's plan design.Date may be revised, where "MM-DD-YYYY" is the date the state approves the form or later based on the Policyholder's implementation of the provision

	<p>in the approved form. “MM-DD-YYYY” format could be changed to “Month, Day, Year”, “MM-DD-YY”; or “MM/DD/YY”.</p> <ul style="list-style-type: none"> • Text will reflect one or more of the actual class(es) of Employees the rider is applicable to, as provided by the Policyholder. • Signatures will change when officers change. In the event the title of an officer signing the rider form changes, any new title utilized will be the title of an officer of the company. • Versioning text may be deleted. When it is included it will vary from case to case. It has been completed with hypothetical data for illustrative purposes.
Non-Melanoma Skin Cancer Benefit	<ul style="list-style-type: none"> • Entire provision may be deleted if not included in the Policyholder’s plan design. • Benefit amount may be a flat dollar amount for a specific time period or a percentage based on the Policyholder’s plan design. • Flat dollar benefit amount may be changed to a different amount within a range of \$250 through \$2,000 based on the Policyholder’s plan design. • Bracketed reference to “lifetime” may be changed to “Policy year” or “calendar year” based on the Policyholder’s plan design. • Benefit percentage may be changed to a different amount within a range of 5% through 25% based on the Policyholder’s plan design.
Other Dread Diseases Benefit	<ul style="list-style-type: none"> • Entire provision may be deleted if not included in the Policyholder’s plan design. • Benefit percentage may be changed to a different amount within a range of 10% through 100% based on the Policyholder’s plan design.
Advanced Alzheimer’s Disease Benefit	<ul style="list-style-type: none"> • Entire provision may be deleted if not included in the Policyholder’s plan design. • Benefit percentage may be changed to a different amount within a range of 10% through 100% based on the Policyholder’s plan design.
Recurrence - Other Dread Diseases Benefit	<ul style="list-style-type: none"> • Entire provision may be deleted if not included in the Policyholder’s plan design. • Benefit percentage may be changed to a different amount within a range of 10% through 100% based on the Policyholder’s plan design.
Advanced Alzheimer’s Disease Definition	Definition may be deleted if not included in the Policyholder’s plan design.
Confined, Confinement Definition	Definition may be deleted if not included in the Policyholder’s plan design.
Confined Elsewhere Definition	<ul style="list-style-type: none"> • Definition may be deleted if not included in the Policyholder’s plan design. • Bracketed reference to “an [Employee] or” may be deleted for plan designs that have an active work requirement. • Bracketed reference to “Dependent” may be deleted if Dependents are not eligible for coverage under the Policyholder’s plan design.
Coronary Artery Bypass Graft Definition	Definition may be deleted if not included in the Policyholder’s plan design.
Critical Illness Definition	Definition may be deleted if not included in the Policyholder’s plan design.
Non-Melanoma Skin Cancer Definition	Definition may be deleted if not included in the Policyholder’s plan design.
Other Dread Diseases Definition	<ul style="list-style-type: none"> • Definition may be deleted if not included in the Policyholder’s plan design. • Diseases listed may be deleted or revised in accordance with the Policyholder’s plan design.
Deferred Coverage Effective Date	<ul style="list-style-type: none"> • Entire provision may be deleted if not included in the Policyholder’s plan design. • Entire first paragraph may be deleted for plan designs that do not have an active work requirement. • Bracketed reference to “, Changes in Coverage effective dates and Reinstatement of Coverage effective dates” in the first paragraph may be revised or deleted in accordance with the Policyholder’s plan design. • Bracketed reference to “, Changes in Coverage effective dates, New Dependent Coverage effective dates and Reinstatement of Coverage effective dates” in the second paragraph may be revised or deleted in accordance with the Policyholder’s plan design.

	<ul style="list-style-type: none"> • Bracketed reference to Dependent coverage in the first paragraph may be deleted if Dependent Coverage is not included in the Policyholder's plan design. • The bracketed time periods referenced in the first and second paragraphs may be revised to reflect Policyholder specific requirements. • Bracketed reference to "on or next" in the first and second paragraphs may be deleted in accordance with the Policyholder's plan design. • The second paragraph may be deleted if Dependent Coverage is not included in the Policyholder's plan design or for plan designs that require an active work requirement. • Bracketed references to "a Dependent" or "Dependent" in second paragraph may be revised to read as "Employee" or "Employee or Dependent" for plan designs that do not have an active work requirement. • Bracketed reference to "also" in the second paragraph may be deleted for plan designs that do not have an active work requirement. • Bracketed reference to "Confined or Confined Elsewhere" in the second paragraph may be revised to read as "Confined" or "Confined Elsewhere". • Any of the items in any of the itemized lists may be deleted; however, one must remain. • Number of consecutive days referenced in item 2 of the second itemized list may be revised to a different number within a range of 1 through 60. • Third paragraph may be deleted if not in accordance with the Policyholder's plan design. • Last paragraph may be deleted if not included in the Policyholder's plan design. • Any of the items in the last itemized list may be deleted or revised in accordance with the Policyholder's plan design. • Bracketed reference to " , except when coverage is being reinstated" may be deleted in accordance with the Policyholder's plan design.
Changes in Coverage	<ul style="list-style-type: none"> • Entire provision may be deleted if Changes in Coverage are not included in the Policyholder's plan design. • Any of the items in the first itemized list may be deleted; however, one must remain. • Bracketed reference to additional enrollment event in the first itemized list may be deleted if not included in the Policyholder's plan design. • Number of days referenced in the first itemized list may be revised to a different number within a range of 30 through 90 days. • Bracketed reference to "elect" in the second item of the first itemized list may be deleted if not included in the Policyholder's plan design. • Any of the items listed in the second itemized list may be deleted; however, one must remain. • Any of the bracketed time periods referenced throughout the second and last paragraphs may be revised to reflect Policyholder specific requirements. • Bracketed references to "on or next" in the second and last paragraphs may be deleted if not consistent with the time period(s) requested by the Policyholder. • Bracketed reference to "Policy" in the first item of the second itemized list may be revised to read as "Participating Employer". • Bracketed reference to the "Deferred Coverage Effective Date" provision in the last line of the second paragraph may be revised to suit the Policyholder's plan design or deleted if not included in the Policyholder's plan design. • Third paragraph will be deleted if the Pre-existing Condition Limitation is not included in the Policyholder's plan design. • Fourth paragraph will be deleted if the New Dependent Coverage provision is not included in the Policyholder's plan design.
New Dependent Coverage	<ul style="list-style-type: none"> • Entire provision may be deleted if not included in the Policyholder's plan design. • Item 1) of the first itemized list may be deleted if not included in the Policyholder's plan design.

	<ul style="list-style-type: none"> • Bracketed references to marriage and/or partnership throughout the provision may be deleted if not included in the Policyholder's plan design. • Number of days referenced in first and second paragraphs may be revised to a different number within a range of 30 through 90 days. • Any or all of the items in the second itemized list may be deleted if not included in the Policyholder's plan design.
Reinstatement of Coverage	<ul style="list-style-type: none"> • Entire Reinstatement of Coverage section may be deleted if not included in the Policyholder's plan design. • Bracketed references to Dependent(s) throughout provision may be deleted if not included in the Policyholder's plan design. • Bracketed reference to "12 months" in the first itemized list may be revised to a different duration within a range of 1 through 60 months and may be expressed in an equivalent range of days, weeks, or years. • Item 2 of the first itemized list may be deleted in its entirety if not included in the Policyholder's plan design. • Bracketed reference to "31 days" in the first itemized list may be revised to a different duration within a range of 30 through 90 days and may be expressed in an equivalent range of months. • Bracketed reference to ", if coverage requires an election under the Policy" may be deleted if not included in the Policyholder's plan design. • Item 3 of the first itemized list may be deleted in its entirety if not included in the Policyholder's plan design. • Second paragraph may be deleted in its entirety in accordance with the Policyholder's plan design. • Any of the items in the second itemized list may be deleted if not included in the Policyholder's plan design; however, one item will always remain if the second paragraph is included. • Bracketed time period referenced in the third paragraph may be revised to reflect Policyholder specific requirements. • Bracketed reference to "[Employee] returns to an Eligible Class for Coverage" may be revised to read as "reinstatement is requested" in accordance with the Policyholder's plan design. • Bracketed reference to the deferred effective date provisions may be revised to suit the Policyholder's plan design or deleted if not included in the Policyholder's plan design. • The first sentence in the fourth paragraph may be deleted if not included in the Policyholder's plan design. • The fifth paragraph may be deleted in its entirety if not included in the Policyholder's plan design. • Bracketed references to "or additional enrollment event" in the fifth paragraph may be deleted if not included in the Policyholder's plan design. • The second sentence of the fifth paragraph may be deleted if not included in the Policyholder's plan design. • The last two sentences of the fifth paragraph may be deleted if not included in the Policyholder's plan design. • Last paragraph may be deleted in its entirety in accordance with the Policyholder's plan design. • Any of the items in the third itemized list may be deleted if not included in the Policyholder's plan design.
Critical Illness Benefit	<ul style="list-style-type: none"> • Entire provision may be deleted if not a part of the Policyholder's plan design. • The last sentence of the second paragraph and the entire last paragraph may be deleted in accordance with the Policyholder's plan design. • Bracketed reference to "6 months" may be revised to read as "30 days", "3 months" or "12 months".
Pre-existing Condition Limitation	Entire provision may be deleted if not included in the Policyholder's plan design.
Payment of Claims	The last paragraph may be deleted in accordance with the Policyholder's plan design unless otherwise required by law.
Beneficiary Designation	<ul style="list-style-type: none"> • Last sentence of the first paragraph may be deleted if there is no Prior Policy. • Entire last paragraph may be deleted in accordance with the Policyholder's plan design.

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| | <ul style="list-style-type: none">• States listed in the last sentence of the last paragraph may be added to, deleted or revised. |
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